

**NIXON PEABODY LLP**  
 101 Federal Street  
 Boston, Massachusetts 02110

Attorney's Docket No. **701039-048929**

Page 1 of 4

### DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed at 201) below or an original, first and joint inventor (if plural names are listed at 201-208 below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### METHOD FOR TREATING AND PREVENTING BACTERIAL INFECTION

which is described and claimed in:

- ☐ the specification attached hereto.
- ☐ the specification in U.S. Application Serial Number \_\_\_\_\_  
 filed on \_\_\_\_\_; and
- ☒ the specification in PCT International Application Number US00/24839 filed on 11 September 2000;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. §119:			
Application No.	Filing Date	Country	Priority Claimed under 35 U.S.C. §119?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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Attorney's Docket No. 701039-048929

Page 2 of 4

Prior U.S. Applications or PCT International Applications Designating the U.S. Benefit under 35 U.S.C. § 120					
U.S. Applications			Status (Check One)		
Application Serial No.	U.S. Filing	Patented	Pending	Abandoned	
PCT Applications Designating the U.S.					
Application No.	Filing Date	U.S. Serial No. Assigned			
PCT/US00/24839	11 September 2000	10/070,647		X	

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)**  
(35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

<u>Applicant</u>	<u>Provisional Application Number</u>	<u>Filing Date</u>
Merton Bernfield, et al.	60/153,310	10 September 1999

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Ronald I. Eisenstein (Reg. No. 30,628)  
Nicole L.M. Valtz (Reg. No. 47,150)  
Lisa A. Dolak (Reg. No. 35,491)  
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Page 3 of 4

201	FULL NAME OF INVENTOR	LAST NAME <u>*BERNFIELD</u>	FIRST NAME <u>MERTON</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Boston</u>	STATE OR FOREIGN COUNTRY <u>MA</u> <i>MA</i>	COUNTRY OF CITIZENSHIP <u>US</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>79 Boylston St. Apt. 27C</u>	CITY <u>Boston</u>	STATE OR COUNTRY AND ZIP CODE <u>MA 02199</u>
*Deceased – completed on added page				

202	FULL NAME OF INVENTOR	LAST NAME <u>PARK</u>	FIRST NAME <u>PYONG</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Allston</u>	STATE OR FOREIGN COUNTRY <u>MA</u> <i>MA</i>	COUNTRY OF CITIZENSHIP <u>KR</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>1277 Commonwealth Avenue</u>	CITY <u>Boston</u>	STATE OR COUNTRY AND ZIP CODE <u>MA 02134</u>

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

11-00	Signature of Inventor 201 (*Merton Bernfield / *Deceased – completed on added page) (Audrey Bernfield, Executrix)	Date:
	<u>Audrey Bernfield</u>	<u>6/7/02</u>
	Signature of Inventor 202 (Pyong Woo Park)	Date:
	<u>Pyong Woo Park</u>	<u>6/12/02</u>

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)  
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR  
INCAPACITATED INVENTOR (37 C.F.R. SECTIONS 1.42 AND 1.43)**

11. 80  
I, Audrey Bernfield

(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of US

residing at 790 Boylston Street, Boston, MA 02199 (apt 27c)

and that I am executing and signing the declaration to which this is attached as

(check one):

- ☐ the administrator(trix) of  
☒ executor(trix) of the last will and testament of  
☐ legal representative (or heirs) of

Merton Bernfield

Full name of (first, second etc.) deceased or incapacitated inventor

United States

Country of citizenship of deceased or incapacitated inventor

Boston, MA

Residence of deceased or incapacitated inventor

790 Boylston Street, Apt. 27C, Boston, MA 02199

Post Office Address of deceased or incapacitated inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 6-07-02

Audrey Bernfield

Signature of Administrator(trix), Executor(trix), Legal Representative  
(or all Heirs)